10/522287

Approved for use through 12/31/2009, OMB 3651-0035 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number.

CHANCE OF

Name

2007~SEP-26

forms if more than one signature is required, see below*

Date

Application Number

OUWINGE OF			
CORRESPONDENCE ADDRESS Application Address to: Commissioner for Patients P.O. Box 1450 Alexandria, VA 22313-1450	Filing Date	01/25/2005	
	First Named Inventor	BLAAOW Hubert	
	Art Unit	1762	
	Examiner Name	Jessee Randall Roe	
	Attorney Docket Number	NL026702US	
Please change the Correspondence Address for the ai	bove-identified patent applica	tion to:	
The address associated with Customer Number:	24738		
OR		ı	
Firm or Individual Name		***************************************	
Address			
City	State	Zip	
Country			
Telephone	Email		
This form cannot be used to change the data associate	d with a Customer Number.	o change the	
data associated with an existing Customer Number use	Request for Customer Num	iber Data Change" (PTO/SB/124).	
I am the: Applicant/inventor			
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed.	osed. (Form PTO/SB/96).		
X Attorney or agent of record. Registration	Attorney or agent of record. Registration Number		
Registered practitioner named in the app executed path or declaration. See 37 CF	dication transmittal letter in an	application without an	
gnature /ADAM L. STROUD/			
ped or Printed Adas L. Stroud			

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete. including gathering, sreparing, and submitting the completed application form to the USPTO. This will vary depending upon the individual case. Any comments on the amount of time you require to complete this form analysis successful and the amount of time you require to complete this form analysis successful and the services are to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1459.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

Telephone

(408) 904-3618